OFFICE USE ONLY SAN ANTONIO

08 JUL 15 PM 3:08



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report. Date Hand-delivered or Date Postmarked

	•			•
F	iler name	Account #		Date Processed
	HOWARD W. PEAK			Date Imaged
1.	I swear or affirm that I have no more than \$20,000 in political ex	•		olitical contributions or made
2	I further swear or affirm that	I do not use computer	r equipment	to keep current records of

3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

political contributions, political expenditures, or persons making political contributions to me.

- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the OFFICE OF THE CITY CLERK report due on ___ understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



Signature of Candidate or Officeholder

Sworn to and subscribed before	ore me by 10 ward W. Peak	this, the 1547 day of
July	$20\underline{\it 08}$, to certify which, witness my hand ar	nd seal of office.
Milinda Unyas	Melinda Uriegas	Notanj
Signature of officer administering oath	Print name of officer administering oath	Title of office administering oath

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.

CANDIDA	TE / OFFICEHOLDER	CITY OF SAN ANT	(512)463-5800 1-800-325-850 ONIO FORM C/OH		
i .	N FINANCE REPORT	08 JUL 15 PM 3:	COVER SHEET PG I		
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	W	OFFICE USE ONLY		
NAME	NICKNAME LAST PEAK	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	238 MEDFORD Dr.	11TY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (210) 826-5481	EXTENSION	Donish #		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount Date Processed		
TREASURER NAME	CHARLIE		Date Imaged		
	NICKNAME LAST AMATO	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI		ZIP CODE 78216		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 525 - 1241	EXTENSION			
9 REPORTTYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year OI / OI / OB THRO	UGH 06 / 30	/ 0 <i>8</i>		
11 ELECTION	ELECTION DATE Month Day Year Primary	[]	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
additional pages					
	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

	•		t
15 C/OH NAME	HOWARD	W. PEAK	16ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures. ••	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	08.
	GENERAL		들 글래
		COMMITTEE ADDRESS	J -<00
	SPECIFIC		P
F1		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			: 08
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ -0-
	4. TOTAL	POLITICAL EXPENDITURES	\$ /,035.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 22,546.45
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder			
Sworn to and subscrib	()()	the said howard W . Peux	, this the 15^{H_1} day
NUVIA U Signature of officer ac	17 eyres	Melinda Wilyas No,	lary
and the state of t		Title of the organical authoristering oath	e of officer administering oath

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS



	A September 1 A		<u> </u>
The Instruction Guide explains how to complete this form.			
2 FILER NAME	HOWARD W. PEZK	3 ACCOUNT # (Ethics C	Commission filers)
4 Date 3/10/08	5 Payee name BLESSEO Sacrament Accomy 6 Payee address; City; State; Zip Code		Amount (\$)
3/10/00	1135 Mission Roso, San Antonio, Tk.		500.00
············	Purpose of expenditure (See instructions regarding type of information DNATION	required.)	- Landau - Carlotta -
Date	Payee name SAN ANTONIO CO U Payee address; City; State; Zip Code		Amount (\$)
5/13/08	3903 N. St. Mary 's Street, San And Purpose of expenditure (See instructions regarding type of information SONATION		500.00
Date	Pavee name	Tour	Amount
,	Payee address; City; State; Zip Code	IEKe2	(\$)
7/5/08	2224 WALSH TARLTON Lane, \$200, Aus.	kin, Tk. 78746	
	Purpose of expenditure (See instructions regarding type of information	required.)	35.00
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		ν.,
	Purpose of expenditure (See instructions regarding type of information	required.)	
Date	te Payee name		Amount (\$)
	Payee address; City; State; Zip Code		\·/
	Purpose of expenditure (See instructions regarding type of information	required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED